

# STUDENT INFORMATION SHEET

Photo

Surname:  
First Name:  
Date of birth:  
Address:  
City, State, Zip:  
Phone:

How long at present residence:

Parent's address (if different)  
Phone:

Present course of study:

Educational establishment:  
Address:  
Phone:  
Fax:  
Department Head:

Profession of father:  
Profession of mother:  
Number of brothers and sisters:

As part of your studies is it a requirement that you have a compulsory training period abroad?  
☐ Yes ☐ No

Do you have to produce a written report of that training period?  
☐ Yes ☐ No

Does your educational establishment have a standard contract for use with employers providing work placements?  
☐ Yes ☐ No

## **FOREIGN LANGUAGES:**

What foreign languages do you speak?

☐ French ☐ German ☐ Spanish ☐ Other (specify)

For how long have you been learning French?

How would you describe your level of French ?

Have you ever been abroad?

☐ Yes ☐ No

If yes, in which countries?

If you did, in what form was it?

- ☐ Stay in host family
- ☐ School trip
- ☐ Tourism
- ☐ Training period
- ☐ Other

When and how long?

## **PROFESSIONAL EXPERIENCE**

Have you had previous work experience placements?

☐ Yes ☐ No

If so, please describe (name of the firm, description of the work, length of placement, when)?

Have you ever had paid employment? If you have, what jobs were they?

What profession would you like to practice later?

**FOREIGN STAY:**

When do you wish to start your placement?

For how long do you want to be placed?

What are your aims for this placement?

- ☐ A specific professional or vocational training
- ☐ A paid employment
- ☐ A linguistic experience
- ☐ A tourist experience
- ☐ Other (specify)

What are the fields of activity or type of employment that you would like to work in?

What skills can you bring to that occupational area?

What software are you experienced in using?

Would you prefer to live

- ☐ In a host family
- ☐ University
- ☐ Other

Would you prefer to live

- ☐ In a city
- ☐ In a village
- ☐ The nearest place from your firm
- ☐ Indifferent

## **ADDITIONAL INFORMATION**

Do you have any special food requirements?

☐ Yes ☐ No

If so, please describe it.

Do you have allergies, asthmatic, diabetic or do you have any medical conditions that an employer or a host family should know about?

☐ Yes ☐ No

If yes, please describe it

Do you smoke ?

☐ Yes ☐ No

How would you describe yourself?

What do you do in your spare time ?

Any further information you would like to give?

How have you been informed about this training period network?

☐ By the newspaper

☐ By TV

☐ By your teacher

☐ By word of mouth

☐ Other